.... 1 FORM D

> **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

PROCESSED OCT 0 9 2007 E

SEC USE ONLY				
Prefix		Serial		
DAT	E RECEIV	/ED		

OMB APPROVAL

OMB Number: 3235-0076 Expires: August 31, 1998 Estimated average burden

hours per form.....16.00

			FINGANO	\ <u> \</u>	,				
Name of Offering ( check if this is an a	mendment and name has chan	ged, an	d indicate change.)	WAL.	•				
Limited partnership interest in Lehman									
Filing Under (Check box(es) that apply):	☐ Rule 504		Rule 505	<b>⊠</b> Rule 506		Section 4(6)	ULOE		
Type of Filing:		$\boxtimes$	New Filing			Amendment			
	A. BASIC IDENTIFICATION DATA								
1. Enter the information requested about th	e issuer					)			
Name of Issuer ( check if this is an ame	ndment and name has changed	d, and i	ndicate change.)		-				
Lehman Brothers Venture Partners V L			T III OND ARATA OON APOT						
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number						0707922	20 —		
3000 Sand Hill Road, Building 3, Suite 190, Menlo Park, CA 94025									
Address of Principal Business Operations ( (if different from Executive Offices)	Telephone Number (Including Area Code)								
(California and Database California)									
Brief Description of Business			•	•					
Venture Capital Investment Partnership	<b>1</b>								
Type of Business Organization									
☐ corporation ☐ limited partnership, already formed ☐						other (please specify):			
☐ business trust	limited partnership, to be	☐ limited partnership, to be formed							
	•	_		ear					
Actual or Estimated Date of Incorporation	or Organization:	07	20	007					
Jurisdiction of Incorporation or Organization	on: (Enter two-letter II C Po	etal Sen	vice abbreviation for S	tote:	M	Actual Es	timated		
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada: FN for other foreign jurisdiction)						DE			

## GENERAL INSTRUCTIONS

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address. Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General Partner Check ☐ Promoter Beneficial Owner Executive Officer Director Box(es) that Apply: Full Name (Last name first, if individual) Lehman Brothers Venture Associates V L.P. Business or Residence Address (Number and Street, City, State, Zip Code) 3000 Sand Hill Road, Building 3, Suite 190, Menlo Park, CA 94025 Check Promoter Beneficial Owner Executive Officer Director Manager of General Box(es) that Partner Apply: Full Name (Last name first, if individual) Lehman Brothers Venture Associates V L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code) 3000 Sand Hill Road, Building 3, Suite 190, Menlo Park, CA 94025 Check Boxes Beneficial Owner Executive Officer ☐ Director Promoter Managing Director of that Apply: General Partner Full Name (Last name first, if individual) Treasurer of the State of North Carolina Business or Residence Address (Number and Street, City, State, Zip Code) 325 North Salisbury Street, Raleigh, NC 27603 Check Boxes ☐ Promoter Beneficial Owner Executive Officer Director Managing Director of that Apply: General Partner Full Name (Last name first, if individual) LB I Group, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) c/o Lehman Brothers Inc., 399 Park Avenue, New York, NY 10022 Check Boxes ☐ Promoter Beneficial Owner Executive Officer Director ☐Managing Director of that Apply: General Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Managing Director of Check Boxes Promoter Beneficial Owner Executive Officer Director General Partner that Apply: Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Boxes Promoter Beneficial Owner Executive Officer Director Managing Director of that Apply: General Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING												
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.								Yes N	io <u>X</u>			
2. What is the minimum investment that will be accepted from any individual?									\$ N/A			
3. Does the	offering permi	t joint owner	ship of a sing	gle unit?	***************************************		***************************************	•••••	••••••		Yes X N	io
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Name (	Last name first	, if individua	1)									
Business or	Residence Add	lress (Numbe	r and Street,	City, State	, Zip Code)							
Name of As	sociated Broke	r or Dealer						<u>,</u>	·			
States in Wh	hich Person Lis	ted Has Solic	ited or Inten	ds to Solici	t Purchasers			<u></u>				
(Check "All	States" or chec	k individual	States)		*****			.,			<b>*****</b>	All States
[AL]	(AK)	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	(NE)	[NV]	(NH)	[NJ]	(NM)	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]
(RI)	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
Full Name (	Last name first		l)									
Business or	Residence Add	lress (Numbe	r and Street,	City, State,	. Zip Code)							
Name of Ass	sociated Broke	r or Dealer			<del> </del>							
States in Wh	hich Person Lis	ted Has Solic	ited or Inten	ds to Solici	t Purchasers	i						
(Check "All	States" or chec	k individual	States)		********							All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	(CT)	[DE]	[DC]	(FL)	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	(ME)	[MD]	[MA]	[MI]	(MN)	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	(SC)	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	(WI)	[WY]	[PR]
Full Name (I	Last name first	, if individual	1)									
Business or	Residence Add	ress (Number	r and Street,	City, State,	, Zip Code)							
Name of Ass	sociated Broke	r or Dealer										
	nich Person Lis											
[AL]	States" or chec	[AZ]	[AR]	[CA]	[CO]	(CT)	(DE)	[DC]	(FL)	[GA]	[HI]	All States
[IL]	[IN]	[LA]	[KS]	[KY]	[LA]	(ME)	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	(NE)	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
(RI)	[SC]	[SD]	[TN]	[TX]	(UTJ	[VT]	[VA]	[VA]	[WV]	(Wi)	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold Debt ..... Equity ..... Preferred Common Convertible Securities (including warrants) Partnership Interests \$ 283,192,106.00 \$ \_283,192,106.00 Other (Specify \_\_\_\_\_) Total ..... \$ 283,192,106.00 283,192,106.00 Answer also in Appendix, Column 3, if filing under ULOE. offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Aggregate Investors Dollar Amount of Purchases \$ 283,192,106.00 Accredited Investors Non-accredited Investors -0--0-Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. N/A Dollar Amount Type of Sold Security Type of Offering Rule 505 ..... Regulation A Rule 504 ..... Total ..... this offering. Exclude amounts relating solely to organization expenses of the issuer. The information

2. Enter the number of accredited and non-accredited investors who have purchased securities in this 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities 4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately) Other Expenses (Identify) Blue Sky filing fees..... Total .....

	-	C. OFFERING PRICE	, NUMBER OF INVESTORS, EXPENSES AN	D USE OF PROCEEDS	
		tisate!		***************************************	<u>\$ 283,192,106.00</u>
5.	shown. If	the amount for any purpose is not kno	proceeds to the issuer used or proposed to be used wn, furnish an estimate and check the box to the le ted gross proceeds to the issuer set forth in respons	eft of the estimate. The e to Part C - Question 4.b	
				Payment to Officers,	Payment To
				Directors, & Affiliates	Others
				□ \$	□\$
			4		□\$
		-	d equipment	□ \$	□ \$ □ \$
			rities involved in this offering that may be used	□ * <u></u>	□ \$ □ \$
			suant to a merger)	U *	U *
Repaymen	nt of indebt	edness	□ \$	□ \$	
Working capital: (a portion of the Working capital will be used to pay various fees and expenses,				□ <b>\$</b>	<b>⊠</b> \$ <u>283,192,106.00</u>
		<del>-</del> ·	the life of the Partnership)	□ <b>s</b>	□ <b>\$</b>
Other (sp	ecity):	·		□ ⊅	□ 3
				<b>\$</b>	<b>S</b>
Column 1					<b>□</b> \$ 283,192,106.00
		ed (column totals added)			
			D. FEDERAL SIGNATURE		
The issue	م المراجعة المراجعة	anused this nation to be signed by the u	ndersigned duly authorized person. If this notice is	Glad under Dula 505, the fi	allouring signature constitutes
an underta	aking by the		s and Exchange Commission, upon written request		
Issuer (Pr	int or Type)	)	Signature		Date
Lehmai	n Brothe	rs Venture Partners V L.P.	1 / Xc. 1 H		9-25-2007
Name of S	Signer (Prin	it or Type)	Title of Signer (Print or Type)		
James D. Hinson Managing Member of Lehman Brothers Venture Associates V L.P., its gener					

# ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE						
1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?	Yes	No K				
	See Appendix, Column 5, for state response.						
2.	The undersigned issuer hereby undertakes to furnish to the state administrator of any state in which the notice is filed, a notice on Form D (17 as required by state law.	CFR 239.500) at such	times				
3.	The undersigned issuer hereby undertakes to furnish to any state administrators, upon written request, information furnished by the issuer to offerees.						
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Off the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing been satisfied.						
Th	e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned	duly authorized person	n.				
İss	uer (Print or Type)  Signature	ate					
Le	ehman Brothers Venture Partners V L.P.	9-25-2007	<u> </u>				
Na	me (Print or Type)  Title (Print or Type)						
_	Managing Member of Lehman Brothers Venture Associates V L.P., its g	eneral partner					